

# ADMINISTRATIVE ORGANIZATION

(This side is for corporations and limited liability companies only. See reverse for public agencies, partnerships, and other associations.)

**INSTRUCTIONS:**

This form must be updated and submitted to the Licensing Agency each time there is a change in partners, officers or changes in the corporation or limited liability company as provided in regulation Section 80034(a)(2), or 87235(a)(5), or 101185(a)(2).

DATE

FACILITY NAME

FACILITY ADDRESS

FACILITY NUMBER

**I. CORPORATION/LIMITED LIABILITY COMPANY (LLC)**

1. Name (as filed with Secretary of State)

2. Chief Executive Officer

3. Incorporation/Registration Date

4. Place of Incorporation/Registration

Corporation/Limited Liability Company Number

5. Please attach (1) A copy of Articles of Incorporation or organization and any amendments (2) A copy of By-Laws or Operating Agreement and any amendments (3) A copy of Resolution authorizing the filing of this application (for Corporations only).

6. Principal office of business:

AddressCityZip CodeCountyTelephone No.

Contact Person:

Title:

Telephone No.:

7. Out of state or foreign applicants complete the following:

a. Name of California RepresentativeAddressZip CodeTelephone No.

b. Please attach a copy of a foreign corporation's or foreign LLC's registration to do business in California.

8. Names and addresses of all persons who own ten percent (10%) or more interest in corporation or LLC. Attach sheet for additional space.

**9. Directors (Corporation)/Managers and Managing Members (LLC)**

a. Number of Directors/Managers &amp; Managing Members

b. Term of Office (if applicable)

c. Frequency of Meetings (if applicable)

d. Method of Selection (corporations only)

**10. Officers: (For LLCs without officers, skip this section and go to Section II)**

Office	Name	Principal Business Address & City & Zip Code (other than facility address)	Telephone No.	Term Expires
President				
Vice-President				
Secretary				
Treasurer				

11. List all Directors (Corporations)/Managers and Managing Members (LLC)

Name	Mailing Address & City & Zip Code	Telephone No.	Term Expires

(Attach Sheet for additional space)

**II. PUBLIC AGENCY**

1. Check type of public agency: ☐ Federal ☐ State ☐ County ☐ City ☐ Other, specify below

2. Agency providing services:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
CITY/STATE

Mailing Address: \_\_\_\_\_  
CITY/STATE/ZIP CODE

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

3. District or Area to be served: (attach map if necessary)

Specify geographic area: \_\_\_\_\_  
\_\_\_\_\_

4. Attach copy of Resolution or legal document authorizing this application.

**III. PARTNERSHIPS**

Attach a copy of partnership agreement (attach additional sheet if necessary)

1st Partner ☐ General Name \_\_\_\_\_  
TELEPHONE NUMBER

☐ Limited Principal Business Address \_\_\_\_\_  
CITY/STATE

2nd Partner ☐ General Name \_\_\_\_\_  
TELEPHONE NUMBER

☐ Limited Principal Business Address \_\_\_\_\_  
CITY/STATE

3rd Partner ☐ General Name \_\_\_\_\_  
TELEPHONE NUMBER

☐ Limited Principal Business Address \_\_\_\_\_  
CITY/STATE

4th Partner ☐ General Name \_\_\_\_\_  
TELEPHONE NUMBER

☐ Limited Principal Business Address \_\_\_\_\_  
CITY/STATE

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**IV. OTHER ASSOCIATIONS**

Other associations must also provide a similar list of persons legally responsible for the organization, contact person, appropriate legal documents which set forth legal responsibility of the organization and accountability for operating the facility.